# PERSONNEL PROFILE UPDATE

### TO BE COMPLETED BY EVERY EMPLOYEE

**DEPARTMENT:** 

Please complete, place in the attached envelope, and return to your department/agency personnel office. This information will be maintained only in personnel files which must be kept confidential under state law. The purpose of the information is to evaluate our efforts to have a representative workforce.

NAME:

**SOCIAL SECURITY NUMBER:** 

#### DISABILITY

A disability is any physical or mental impairment which substantially limits one or more major life activities. A person with a disability is one who: (i) has such an impairment; (ii) has a record of such an impairment; or (iii) is regarded as having such an impairment. The reporting of a disability is voluntary.

- A 

  None/prefer not to report
- B 

  Blind or severely visually impaired
- C 

  Deaf or severely hearing impaired
- D 

  Loss or limited use of arms and/or hands
- E 
  Mon-ambulatory (must use wheelchair)
- F Souther orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)
- G 
  Respiratory impairment
- H 
  Mervous system/Neurological disorder
- I 

  Mentally restored
- J 

  Mental retardation
- K 

  Learning disability
- M 

  Other (please specify)

## **VETERANS** Are you a Veteran?

A veteran with an honorable discharge who served on active duty between August 5, 1964 and May 7, 1975 is considered a Vietnam Era veteran.

- N 

  No, I am not a veteran
- Y 

  Yes, Non-Vietnam Era Veteran
- V 

  Yes. Vietnam Era Veteran
- D 

  Disabled Non-Vietnam Era Veteran
- E 

  Vietnam Disabled Veteran

## **RACE**

- 1 
  White
- 2 🗷 Black
- 3 🗷 Hispanic
- 4 

  Asian (including Pacific Islander)
- 5 

  American Indian (including Alaskan Native)

SEX

M 🗷 Male

F & Female

7/94